

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	N/A
CD-ROM or CD-R?::	None
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Title::	CONFORMABLE TISSUE REPAIR IMPLANT CAPABLE OF INJECTION DELIVERY
Attorney Docket Number::	022956-0237
Request for Early Publication?::	No
Request for Non-Publication?::	No
Total Drawing Sheets::	6
Small Entity?::	No
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Francois
Family Name::	Binette
City of Residence::	Weymouth
State or Province of Residence::	MA
Country of Residence::	US
Street of mailing address::	45 Sherricks Farm Road
City of mailing address::	Weymouth
State or Province of mailing address::	MA

Postal or Zip Code of mailing address:: 02188

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Joseph
Middle Name:: J.
Family Name:: Hammer
City of Residence:: Bridgewater
State or Province of Residence:: NJ
Country of Residence:: US
Street of mailing address:: 466 Country Club Road
City of mailing address:: Bridgewater
State or Province of mailing address:: NJ
Postal or Zip Code of mailing address:: 08807-2404

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Krish
Family Name:: Mukhopadhyay
City of Residence:: Bridgewater
State or Province of Residence:: NJ
Country of Residence:: US
Street of mailing address:: 12 Sutton Court
City of mailing address:: Bridgewater
State or Province of mailing address:: NJ
Postal or Zip Code of mailing address:: 08807

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity

Given Name:: Joel
Family Name:: Rosenblatt
City of Residence:: Watchung
State or Province of Residence:: NJ
Country of Residence:: US
Street of mailing address:: 47 Robin Glen Road
City of mailing address:: Watchung
State or Province of mailing address:: NJ
Postal or Zip Code of mailing address:: 07069

Correspondence Information

Correspondence Customer Number:: 021125

Representative Information

Representative Customer Number:: 021125

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